

Augusta Military Academy, Inc.

P. O. Box 100

Fort Defiance, Virginia 24437

Dear Parent:

There is nothing on earth so sacred as a human life. For this reason alone, the selection of a suitable school for your son is one of the most important decisions you will be asked to make during his early years.

We believe that any parent looking for a school for his son is interested mainly in finding one which will accept the boy as an individual and will study him and his problems as such. As a parent you want a school which will help him along the path to greater knowledge, independence and manhood through the many phases of campus activity.

The function of any school should be primarily academic in nature, with the deeper realization that a future citizen is placed in its hands for molding into a Christian, a gentleman, and a scholar.

As every human is an individual in traits, Augusta first studies the boy, records its findings and classifies him according to his needs and his desires. All the tools of a good secondary education are provided at the Academy, but more than that, a military routine is offered which places the boy ahead of the system, and athletic facilities are available for each cadet to have some outlet for his adolescent vitality. The men who will direct and lead your son through these formative years have been chosen for their ability in their fields, their understanding of boys' problems and for their gentlemanly qualities.

What is often learned in the classroom may be rapidly forgotten, but those intangible qualities of personal integrity, reliability, cooperation, self-control, appreciation of true values, tolerance, courtesy, and the will to go forward are traits which Augusta hopes to instill in each boy in his preparation for life. Everything a man possesses may be swept away by the tides of fortune, but never will anything destroy a man of character, a gentleman with a well-trained mind.

Sincerely,

Chas. S. Roller Jr.

Charles S. Roller, Jr.,
Principal.

This letter typifies the philosophy of Augusta. The present administration and faculty wholeheartedly subscribe to the words written by the late Augusta Principal, General Roller.

ACADEMIC CURRICULUM

The Headmaster's Office and the Guidance Director reserve the right to schedule students in terms of their aptitude as indicated by standardized tests and their previous scholastic achievement. The school also reserves the right to cancel any classes in which there are fewer than five students enrolled. The Academy also reserves the right to add or discontinue courses.

All cadets will be assigned to Military Training and all cadets through grade 10 to Physical Education classes.

REQUIRED

7TH & 8TH GRADES

English
Math
Science
History
World Geography (8th)
Physical Education
Military Training

9TH GRADE

English I
World History or World Geography
Physical Science
General Math or Algebra I
Physical Education
Electives
Military Training

10TH GRADE

English II
Biology
Math 10 or Algebra I, Algebra II,
or Geometry
Physical Education
Electives
Military Training

11th GRADE

English III
U.S. / VA History
Chemistry, or Physics
(Algebra II is a prerequisite for or concurrent
with Physics and chemistry)
Algebra I, Algebra II or
Geometry
Electives
Military Training

12TH GRADE

English IV
U.S. / VA Government
Chemistry or Physics
Algebra II, Geometry or
Advanced Algebra and Trigonometry
Electives
Military Training

ELECTIVES

ENGLISH

Creative Writing (one semester) (Seniors)
Speech — all levels (one semester)

SOCIAL SCIENCES

Sociology — All levels
Mini-Course — (How to prepare research history
papers, Ancient History, Medieval History)
All levels
Economics — Juniors & Seniors
Current Events/Problems of Democracy
(When demand is sufficient)

SCIENCE

Advanced Chemistry — Seniors

MATH

Consumer Math — all Levels
Advanced Math — recommended for Seniors
Calculus — Seniors
Computer Math — Juniors & Seniors

FOREIGN LANGUAGES

Spanish, French, German — for levels 9, 10, 11, 12

MISCELLANEOUS

Band/Individual Music — all levels
Driver Education — (10th grade or by request)
Library Science — is incorporated in English
Classes)
Reading/Developmental Reading — all levels

GRADUATION REQUIREMENTS

English — 4 units
Math — 2 units
History — 3 units
Science — 2 units

11

plus 5 electives

16

Plus 2 units of Physical Education and Military
Training during each year at the Academy

No student may be graduated from Augusta Military
Academy without having passed the Virginia State
Competency Examination.

CURRICULUM FOR AUGUSTA MILITARY ACADEMY

8th Grade

English - 2 sections - advanced, general
Social Studies - 1 section - World Cultures I
Math - 2 sections - Pre-Algebra, Math 8
Science - 1 section - Science 8
P.E. - 1 section

9th Grade

English - 2 sections - Advanced, general
Social Studies - 2 sections - World History, World Cultures
Math - 2 sections - Alg. I, Math 9
Science - 1 section - Science 9
P.E. - 1 section
Foreign Language - College prep.

10th Grade

English - 2 sections - advanced, general
Social Studies - 2 sections - mini-History, Current Events
Math - 2 sections - Algebra II, Math 10
Science - 1 section - Biology
PE - 1 section
Foreign Language - College Prep.

11th Grade

English - 2 sections - advanced, general
Social Studies - 2 sections - U.S. History, general and advanced
Math - 3 sections - Geometry, Consumer Math, Computer Math
Science - Chemistry
Foreign Language - College Prep.
Electives - Sociology, Drama

12th Grade

English - 2 sections - Creative Writing/Literature and English IV
Social Studies - 2 sections - U.S./VA Govt - advanced and general
Science - advanced Chemistry, Physics
Math - 4 sections - Trig/Alg., Senior Math, Computer Math, Pre-Calculus
Electives - Economics, Speech
Foreign Language - College Prep.

SPECIAL PROGRAMS -

Developmental/Remedial Reading
Cambridge Study - Extensive 30 hour "How to Study Course"
SAT Preparation - Review of math and English fundamentals along
with test taking methods.

ENGLISH-AS-A-SECOND-LANGUAGE CURRICULUM-

For students who are not proficient in English as determined by the Language Assessment Battery (LAB) - Separate curriculum includes:

- English-As-A-Second-Language - 2 periods
- Math - 1 period
- LAB - 1 period
- Reading - 1 period

Non-English speaking students will be integrated into regular classes only after they have shown themselves to be proficient in English as evidenced by results on a second LAB test.

Foreign Language Requirements for Academic Diploma -
two years each of two foreign languages or three years of one foreign language.

A recent photograph
of the applicant must
be submitted with
this application. Size
must be 2 x 2 inches,
head and shoulders.

Augusta Military Academy, Inc.

P. O. Box 100
Fort Defiance, Virginia

Application and Contract

To: AUGUSTA MILITARY ACADEMY, FORT DEFIANCE, VIRGINIA 24437 Date _____

I hereby apply for the admission of my son, _____
(Last) (First) (Middle)

as a cadet in the Augusta Military Academy, Fort Defiance, Virginia, for the year beginning September ____
19 ____ and ending June ____ 19 ____ in accordance with the terms, provisions and regulations as outlined
in the current Catalogue and Supplement of the Academy. In consideration of the acceptance of this appli-
cation, I hereby agree and promise to pay all charges for tuition, uniforms, fees and other services furnished
my son, in accordance with the terms and schedule in the said publications. My son hereby agrees to abide
by all the rules of the Academy. I have arranged to have a transcript sent from my son's former school, and
enclosed is the \$50.00 non-refundable application fee, which does apply toward the tuition.

I authorize the Academy to use my son's picture in any of their publications.

(It is our hope and expectation that every boy will enjoy his school term with us without accident or serious
illness. However, if an unforeseen emergency should occur requiring hospitalization and possible surgery the
parents will be notified as soon as possible. It is understood that in the event the parents or persons
otherwise designated can not be reached, and if the medical authorities appointed by the school find
hospitalization or other emergency measures necessary, such procedures will be taken without delay.)

**I have read the requirements concerning Religious Activities, Leaves, Dress and Financial
obligations, which require a student to register for the full school year and pay full tuition and fees
in case of withdrawal or dismissal for any specified reason.**

**In signing below I agree to accept the financial conditions as well as the rules concerning
Religious Requirements, Leaves and Dress.**

Parent or Guardian _____

Home Address _____
(Street) (City) (State) (Zip) (Tel. & Area Code)

Business Address _____
(Street) (City) (State) (Zip) (Tel. & Area Code)

School applicant last attended _____

Address of School _____
(Street) (City) (State) (Zip)

Probable grade will enter _____

Date of birth _____ Place of birth _____

Bank reference _____

Three character references for boy (These must be sent to Registrar, AMA, Fort Defiance, Virginia 24437).

Religious affiliation _____

(Signed) _____ (Seal)
(Parent or Guardian) Father

(Signed) _____ (Seal)
(Parent or Guardian) Mother

AUGUSTA MILITARY ACADEMY, INC.

CADET QUESTIONNAIRE

Name: _____ (Last, first, middle—in full)

Height: _____ Weight: _____

Name of Hometown newspaper: _____

Mother's name: _____ Mother's address: _____

Father's name: _____ Father's address: _____

Occupation of father: _____ Business address: _____

Business telephone number of father (or mother): _____

To whom should reports and financial statements be sent? _____

To Be Answered By The Parent: Has your son had any disciplinary action? _____ Yes or _____ No.

If yes, explain in detail on a separate sheet of paper. If Augusta subsequently finds that this question has not been answered fully, the Cadet may be subject to dismissal.

College or high school attended by mother _____ College or high school attended by father _____

Schools attended prior to entrance at Augusta and years attended:

1.

2.

3.

4.

Name of home church:

Subjects you like the most: _____ the least: _____

Do you play a musical instrument: _____ If so, which one? _____

How well do you play it? Underline one: Fair, average, above average

What sports do you play? _____ In what sports have you won a letter? _____

List your hobbies:

To what clubs have you belonged or do you belong:

Have you ever worked on a school newspaper, yearbook or magazine? _____ In what capacity: _____

To which college would you like to go?

What course will you probably pursue? _____ (Liberal Arts, pre-med., law, etc.)

List the honors you have earned academically, athletically, socially, organizationally, militarily, or in church affiliation:

Do you speak a Foreign Language? _____ Which one? _____ How well? _____

The Augusta Military Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

AUGUSTA MILITARY ACADEMY, INC.

DEPARTMENT OF STUDENT HEALTH

DATE: _____

TO THE STUDENTS AND PARENTS:

At AMA, an active student health service is conducted throughout the school year. In order that this service may be performed to the student's best advantage, the Academy requires a medical history, prior to a student's initial registration at school.

If the applicant has been treated for a specific illness or injury, we require that a history, with diagnosis and recommendation for further treatment from the treating physician accompany this form.

Any limitation on participation in athletics or military activity must be clearly defined, stating limits to such activity, reason for limitation and certification of same by your family physician.

Return to AMA Infirmary, Fort Defiance, Virginia.

PERSONAL DATA *(please record in ink or type)*

1. FULL NAME (*print*) _____ 2. AGE _____
LAST FIRST MIDDLE
3. BIRTH DATE: _____
4. NAME OF SCHOOL PREVIOUSLY ATTENDED: _____
5. HOME ADDRESS: _____ TELEPHONE _____
6. NAME OF PARENTS OR GUARDIAN: _____ TELEPHONE _____
7. THEIR MAILING ADDRESS: _____
STREET OR P. O. BOX CITY STATE

MEDICAL HISTORY *(ink or type)*

- Please answer *all* the following questions. Check *Yes* or *No* in the columns indicated. Record dates wherever possible.
8. HAVE YOU NOW OR HAVE YOU EVER HAD: (Check Each Item *Yes* or *No*)

YES	NO	YES	NO
_____	_____	_____	_____
_____	TUBERCULOSIS	_____	ANEMIA
_____	HEART DISEASE	_____	HERNIA (RUPTURE)
_____	HIGH BLOOD PRESSURE	_____	EAR INFECTION
_____	RHEUMATIC FEVER (INFLAMMATORY RHEUMATISM)	_____	PNEUMONIA OR PLEURISY
_____	KIDNEY OR BLADDER DISEASE	_____	POLIOMYELITIS
_____	DIABETES	_____	DIPHTHERIA
_____	STOMACH OR DUODENAL ULCER	_____	SCARLET FEVER
_____	COLITIS	_____	GLANDULAR FEVER (INFECTIOUS MONONUCLEOSIS)
_____	ARTHRITIS OR JOINT DISEASE	_____	MUMPS
_____	TUMOR OR GROWTH	_____	MEASLES (RED OR REGULAR)
_____	CONCUSSION OR HEAD INJURY	_____	MEASLES (GERMAN)
_____	OTHER SERIOUS ACCIDENTS	_____	CHICKENPOX
_____	EPILEPSY OR FITS	_____	ALLERGIES
_____	NERVOUS OR EMOTIONAL ILLNESS	_____	OTHER DISEASES (<i>indicate below</i>)
_____	PSYCHIATRIC TREATMENT	_____	BAD REACTION TO SERUM OR DRUGS

Please explain items above answered *Yes*

What drugs? What type reaction?

9. DO YOU HAVE: (Check Each Item Yes or No)

YES	NO	YES	NO
	NERVOUSNESS		FREQUENT SORE THROAT OR HOARSENESS
	DEPRESSION		CHRONIC COUGH
	TENDENCY TO WORRY		ABNORMAL BLEEDING TENDENCY
	INSOMNIA		HEARING DEFECT
	EXCESSIVE SLEEPINESS		TO WEAR GLASSES
	TENDENCY TO WALK IN SLEEP		WEAK BACK
	TENDENCY TO FAINT		"TRICK" OR UNSTABLE KNEE
	FATIGUE		FOOT TROUBLE
	WEAKNESS		LAMENESS
	FREQUENT OR SEVERE HEADACHE		ANY PHYSICAL HANDICAPS
	SPEECH DIFFICULTY		(If so, please explain and indicate any special ar- rangements necessary)
	POOR APPETITE		
	FREQUENT INDIGESTION		
	CONSTIPATION		
	FREQUENT DIARRHEA		
	RECENT WEIGHT LOSS		
	SKIN ALLERGY		
	CHRONIC SKIN DISEASE		
	ASTHMA		
	HAY FEVER		
	FREQUENT COLDS		

10. LIST ANY INJURIES YOU HAVE HAD: (dates)

12. WHAT IMMUNIZATIONS HAVE YOU HAD?
(Check Each Item Yes or No)

YES	NO	DATE
	GAMMA GLOBULIN	
	TETANUS TOXOID SERIES	
	SMALLPOX	
	POLIOMYELITIS (ORAL or SALK)	
	DIPHTHERIA	
	TYPHOID	
	INFLUENZA	

11. LIST ANY OPERATIONS YOU HAVE HAD: (dates)

13. GIVE DATES OF LAST INJECTION. STATE WHETHER BOOSTER OR INITIAL

14. WHAT IS THE PRESENT STATE OF YOUR HEALTH? ANY TENDENCY TO ILL HEALTH? IF SO, EXPLAIN:

15. ARE YOU AT PRESENT TAKING ANY DRUGS OR MEDICAL TREATMENT? IF SO, WHAT?

16. DO YOU CONSIDER YOURSELF PHYSICALLY CAPABLE OF PARTICIPATION IN ATHLETICS, INCLUDING SWIMMING? IF NOT, STATE REASON:

FAMILY HISTORY

17. BOTH PARENTS LIVING? 20. HAS ANY MEMBER OF YOUR FAMILY NOW, OR HAD IN PAST

IF NOT, GIVE CAUSE OF DEATH:

(Check Each Item Yes or No)

YES	NO	RELATION TO YOU
	TUBERCULOSIS	
	NERVOUS DISEASE	
	MENTAL DISEASE	
	HIGH BLOOD PRESSURE	
	HEART DISEASE	
	DIABETES	
	CANCER	

18. NUMBER OF BROTHERS LIVING? _____

NUMBER OF SISTERS LIVING: _____

19. CAUSE OF DEATH OF BROTHERS OR SISTERS DEAD: _____

AUGUSTA MILITARY ACADEMY, INC.

Athletic Authorization

I hereby grant my son _____
permission to participate in interscholastic and/or intramural athletics while at Augusta Military Academy.

Parent's Signature (Seal)

AUGUSTA MILITARY ACADEMY, INC.

Authorization for Release of School Records and Transcript

Date _____

I (we) hereby authorize the release of the complete records of _____
(name)

address _____

city _____, state _____

to Augusta Military Academy, Box 100, Fort Defiance, Va. 24437.

Signed _____ (Parent) Seal

Signed _____ (Student) Seal
(if student is 18 years or older)

Augusta Military Academy, Inc.

P. O. Box 100

Fort Belvoir, Virginia 24437

IMPORTANT

Virginia law requires that immunizations for your son be complete and up to date and records be submitted to Augusta Military Academy giving date, type, signature of Physician and printed name and address of the Physician.

Without this information your son will not be allowed to attend Augusta Military Academy.

Required are:

1. DPT
2. Polio
3. Rubella
4. Rubeola > after 1969 and after 15 months of age
5. Mumps

CONFIDENTIAL CHARACTER QUESTIONNAIRE

Augusta Military Academy

Fort Defiance, VA 24437

Prospective Cadet's Name _____

THIS QUESTIONNAIRE WILL NOT BECOME A PART OF THE APPLICANT'S PERMANENT RECORD, but will be used as a guide by the Director of Admissions.

1. Behavior at home _____
2. Respect for authority _____
3. Involvement with police or the courts _____
4. Drug involvement _____
5. Has he run away from home _____
6. Expelled from school _____
7. Does he want to attend a military school _____
8. Does he attend church regularly _____
9. In what clubs, sports activities, does he participate.

Do you know anything that would help us here at the Academy that's not mentioned above to understand the prospective cadet's habits better?

Remarks: _____

Parent's Signature _____

